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## PURPOSE

To assure consistency regarding procedures documenting incidents and related staff response(s) while also providing a non-punitive environment conducive to reporting of such incidents within hospitals. Hospitals utilize incident data to identify trends for improvement as well as provide training and feedback to staff to prevent and reduce future incidents.

## DEFINITIONS

### Assault

Any physical contact involving a patient where there is an intent to cause discomfort or the potential to cause injury.

### Contraband

The possession by a patient of any item prohibited by APF 192 or their individual plan of service.

### Fall

An unintentional coming to rest of a patient on the ground, floor, or other lower level, but not because of an overwhelming external force (e.g., patient pushes another patient). An episode where a patient has lost their balance and would have fallen, if not for staff intervention, is considered a fall. A fall without injury is still a fall. Unless there is evidence suggesting otherwise, when a patient is found on the floor, a fall is considered to have occurred.

### Hospital

An inpatient program operated by the Michigan Department of Health and Human Services (MDHHS) for the treatment of individuals with serious mental or serious emotional disturbance.

### Incident

An occurrence that is a deviation, disruption or adversely affects the course of treatment, care, and services of a patient, or that disrupts the customary cadence of a patient unit or of hospital administration.

Examples of incidents include but are not limited to:

- Adverse drug events (ADE).

- Medication errors; see APF 152.
- Any event resulting in a patient's restraint or seclusion; see APF 171.
- Injury due to any cause including, but not limited to, accidents and assaults.
- Unauthorized leaves of absence.
- Unauthorized use or possession of legal or illicit drugs or substances; see APF 192.
- Contraband; see APF 192.
- Allegations of patient abuse or neglect.
- Allegations of patient-to-patient assaults or sexual assaults.
- Allegations of patient-to-staff assaults or sexual assaults.
- Falls.
- Suicide attempt.
- Self-injurious behavior.
- Property destruction.
- Any serious patient safety event, including sentinel events.

**Medication Error**

A preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of a healthcare professional or patient. This includes errors because of a prescribing, dispensing, or administration error.

**Restraint**

Refers to one or both State Hospital Administration (SHA) sanctioned methods:

**Chemical Restraint**

A medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement

and is not a standard treatment or dosage for the patient's condition.

Restraint may only be used to prevent harm to oneself or others or when clinically justified to affect appropriate behavioral or medical treatments. Restraint does not include anatomical supports, orthopedically prescribed devices, surgical dressings or bandages, protective devices, or other methods that involve the physical supporting of a patient for the purpose of conducting routine physical examinations or tests, to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort).

### **Manual Restraint**

The use of physical management, a mechanical device, material, or equipment that immobilize or reduce the ability of the patient to move his or her arms, legs, body or head freely. Physically holding a patient for forced medication, medical treatment, or laboratory studies is a restraint.

### **Seclusion**

The temporary placement of a patient in a room, alone, where egress is prevented by any means and may only be used if essential to prevent the patient from physically harming others.

## **POLICY**

All incidents must be completely and accurately documented as an incident report in the business section of the electronic medical record (EMR).

In addition to being documented as an incident report, all incidents of abuse or neglect which are apparent to, reported to, or suspected by an employee or individual acting on behalf of the hospital, must be immediately reported to hospital administration and the Office of Recipient Rights (ORR). The applicable state protective service entity, and appropriate law enforcement agency, must be alerted in cases of patient abuse or neglect if required by law.

The clinical record of the patient must contain a summary of any incidents involving a patient. The incident summary must be entered into the clinical record by a hospital staff who has personal knowledge of the incident. An incident report generated pursuant to

this policy does not constitute a summary of the incident and cannot be maintained in the clinical record of a patient.

Hospital directors must notify the SHA deputy director, or their designee, and the Office of Recipient Rights (ORR) of incidents which impact the health, safety, or welfare of patients.

Hospitals must ensure that incident reports:

- Are confidential and recognize that unauthorized disclosure or duplication is prohibited.
- Accurately reflect the facts of an event.
- Are accurately categorized by type.
- Include all staff and patients involved.
- Consist of the following forms being completed within the EMR:
  - Open Incident.
  - Incident Information.
  - Incident Physical Exam (one for each patient involved).
  - Incident Supervisor Review.

## REFERENCES

MCL 330.1748(9)

MDHHS Administrative Rules 330.7049

[APF 132, Definitions and Report of Abuse and Neglect.](#)

APF 192, Personal Property and Search

The Joint Commission Comprehensive Accreditation Manual for Hospitals:

- Performance Improvement Standard PI.01.01.01 – Hospital collects data to monitor its performance.
- Performance Improvement Standard PI.02.01.01 – Hospital compiles and analyzes data.
- Environment of Care Standard EC.04.01.01.

The Joint Commission, Accreditation Process Information – Sentinel Event (SE).

**CONTACT**

For more information concerning this policy contact the State Hospital Administration.